

TRANSCRIPT ORDER FORM
YORK STENOGRAPHIC SERVICES, INC.
34 N. George St., York, PA 17401
(717) 854-0077 - FAX (717) 854-0122
Date of Order: _____

DATE OF PROCEEDING: (MUST BE CORRECT)	YSS JOB NUMBER:	PROJECT:
LOCATION OF PROCEEDING:	YSS FILE NUMBER:	YSS STAFF PERSON RECEIVING ORDER:

Please be sure to complete all items

NAME:	
ADDRESS:	
E-MAIL ADDRESS:	
	TELEPHONE: FAX:
REPRESENTING:	
CASE NAME	
CASE NUMBER	
BILL TO: Name Address City, State Zip Code	
SIGNATURE IS REQUIRED	<p>I HEREBY ORDER _____ COPIES OF THE OFFICIAL TRANSCRIPT OF THE ABOVE PROCEEDINGS.</p> <p style="margin-left: 100px;">____ Mini Print (4/page)</p> <p style="margin-left: 100px;">____ Word Index</p> <p style="text-align: right; margin-right: 50px;">_____ PGS @ _____ = \$ _____</p> <p style="text-align: right; margin-right: 50px;">Plus Postage & Handling \$ _____</p> <p style="text-align: right; margin-right: 50px;">TOTAL \$ _____</p> <p>Signature: _____</p> <p>Printed Name: _____</p>
PLEASE SPECIFY DELIVERY	<p>REGULAR (11 to 15 Days from date of Request) _____</p> <p>RUSH (6 to 10 Days from date of Request) _____</p> <p>PROMPT (5 Days from date of Request) _____</p> <p>EXPEDITE (2 to 4 Days from date of Request) _____</p> <p>DAILY (Next Day) _____</p>